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| FAX NUMBER | 15712738300 | | |
| FROM | Mark S. Peloquin | | |
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| RE | USPTO Patent SN# 10/735950 Jeffrey D. Davies | | |

COVER MESSAGE

Please find 13 pages including this cover sheet.

PELOQUIN, PLLC 800 Fifth Avenue Suite 4100 Seattle, WA 98104-3100

(206) 447-1336 office (206) 770-6562 facsimile

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PATENT APPLICATION

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Mark S. Peloquin, Esq.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group Art Unit:

3616

In re:

Jeffrey D. Davies

Application No.:

10/735,950 Attorney Docket No.: 111803.P001

Filed:

December 14, 2003

For:

ALL TERRAIN VEHICLE POWER TAKEOFF

FACSIMILE TRANSMITTAL

Mail Stop AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

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Transmitted herewith for filing are the following:

- Transmittal Form PTO/SB/21 (1 pg)
- Petition for Extension of Time PTO/SB/22 (1 pg) 2.
- Credit Card Payment Form PTO-2038 (1 pg) 3.
- Response to Office Action (8 pg)

A total of 12 pages, including this facsimile transmittal are being submitted herewith:

> Respectfully Submitted, PELOQUIN, PLLC

Date: October 28, 2009

Mark S. Peloquin, Esq. Registration No. 50,787

PAGE 2/13 * RCVD AT 10/28/2009 2:02:25 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-5/2 * DNIB:2738300 * CSID:1-206-770-6562 * DURATION (mm-ss):09-04

OCT 28 2009

PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031 · U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number. **Application Number** 10/735,950 **TRANSMITTAL** Filing Date December 14, 2003 First Named Inventor **FORM** Jeffrey D. Davies Art Unit 3616 **Examiner Name** George D. Spisich (to be used for all correspondence after initial filing) **Attorney Docket Number** 111803.P001 12 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC V Fee Transmittal Form Drawing(s) Appeal Communication to Board 1 Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC 1 Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final **Provisional Application** Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request below): Request for Refund **Express Abandonment Request** CD, Number of CD(s) ____ Information Disclosure Statement Landscape Table on CD **Certified Copy of Priority** Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name PELOQUIN, PLLC Signature Printed name Mark S. Peloquin, Esq. Reg. No. Date 2009 28, 50,787 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature October 28, 2009 Date Mark S. Peloquin, esq. Typed or printed name

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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2009-10-28 18:00:34 (GMT)

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PTO/SB/17 (10-07)

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Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/735,950 **Application Number** FEE TRANSMITTAL Filing Date 12/14/2003 For FY 2008 First Named Inventor Jeffrey D. Davies George D. Splsich **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 3616 Art Unit TOTAL AMOUNT OF PAYMENT 111803.P001 555.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number:_ Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity **Small Entity** Small Entity Fees Paid (\$) **Application Type** Fee (\$) **Fee (\$)** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 155 310 510 210 105 255 105 130 Design 210 50 65 100 210 Plant 105 155 160 310 80 Reissue 310 155 255 620 310 510 210 Provisional 105 0 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 25 50 210 105 Each independent claim over 3 (including Reissues) 370 185 Multiple dependent claims **Multiple Dependent Claims** Fee Paid (\$) **Total Claims** Extra Claims Fee (\$) Fee (\$) Fee Paid (\$) - 20 or HP = HP = highest number of total claims paid for, if greater than 20. Fee (\$) Indep. Claims Extra Claims Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) (round up to a whole number) x **150** = - 100 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Third month Extension fee - small entity \$555.00

| SUBMITTED BY | | | | | |
|------------------|------------------------|--|------------------------|--|--|
| Signature | mark S. Peloquin | Registration No. (Attorney/Agent) 50,787 | Telephone 206 447 1336 | | |
| Name (Print/Type | Mark S. Peloquin, Esq. | | Date Outlan 28, 2009 | | |

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